

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-015882

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **134**

Primary Registration District No. **4234**

Registrar's No. **62**

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY **Iron**

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN **Ironton**

Length of stay in 1b

3 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION **St. Mary's of the Ozarks**

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

a. STATE **Mo**

b. COUNTY **Iron**

c. CITY

OR TOWN **Ironton**

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location) **313 S. Shepherd**

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

OGA

Middle

ROBINETT

Last

4. DATE OF DEATH

Month

May

Day

1,

Year

1963

5. SEX

male

6. COLOR OR RACE

white

7. Married

☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/24/1895

9. AGE (last birthday)

68

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

barber

10b. KIND OF BUSINESS OR INDUSTRY

self employed

11. BIRTHPLACE (City and state or country)

Black, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Woodson Robinett

13b. MOTHER'S MAIDEN NAME

Nancy Goggin

14. NAME OF HUSBAND OR WIFE

Lena Copeland Robinett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Lena Robinett, Ironton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Terminal bronchial pneumonia

INTERVAL BETWEEN ONSET AND DEATH

1 day

DUE TO (b)

Cerebral hemorrhage

4 days

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

left hemiplegia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4-28-63 to 5-1-63 and last saw him alive on 5-1-63

Death occurred at 9.45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

R. E. Harland m.d.

22b. ADDRESS

Ironton, Missouri

22c. DATE SIGNED

5-1-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

5/3/1963

23c. NAME OF CEMETERY OR CREMATORY

Black Cemetery

23d. LOCATION (City, town, or county)

Black, Missouri

(State)

24. FUNERAL DIRECTOR ADDRESS

White Funeral Home, Ironton, Mo.

25. DATE RECD. BY LOCAL REG.

5-1-63

26. REGISTRAR'S SIGNATURE

Mrs. Aris Jones

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1 0470

2 0470

3

4 0

5 1

6

7 0

8 2

9 331X

10

11

12 1-0

13 1-0

MAY 14 1963

MAR 17 1964

0410
04104

0 - 04

110

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Amely White

Licensed Embalmer No. 3012

P. O. Address Ironton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.